

Financial Planning Questionnaire

Personal Information		
	Client	Joint Client
Client Name		
Address		
Date of Birth		
Citizenship, Country of birth, US resident for tax purposes?		
Marital Status		
Do you have children?		
Children's Names, Date of Birth (if minors)		
Occupation		
Income		
Employer's name/years with employer/type of business/address of employer		
Retired?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, previous employer as above?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Professional Advisors (accountant, lawyer, etc.)		
Do you have any in-force insurance policies? If yes, what are the amount(s)?		

Expectations

Why are you interested in completing a financial plan at this time?

What are your main concerns or priorities in your current financial situation?

What is your greatest challenge as it relates to progress towards your financial goals?

What are your expectations of us?

Do you have an expected or anticipated rate of return on your investments?

Financial Goals and Objectives

Short-Term Goals (1 - 3 years)

Mid-Term Goals (4 - 10 years)

Long-Term Goals (10+ years)

Retirement Goals

Are you planning on retiring fully or would you semi-retire? At what age?

If you had a comfortable retirement, how much would that cost you each month in today's dollars?

Do you have any unique circumstances we should take into consideration?

Current Financial Position

Assets	Ownership	Description/Intent	Current Value

Liabilities	Ownership	Description/Intent	Outstanding Balance	Interest Rate	Payment

Children's Savings & Investments

Asset Type (RESP, ITF, other)	Ownership	Description/Intent	Current Value

CPP Estimate: ☐ Full ☐ Partial - If partial, what % is assumed? _____

OAS Estimate: ☐ Full ☐ Partial - If partial, what % is assumed? _____

Employer Pension - Type (Defined Benefit or Defined Contribution, other). Describe and include statement if available.

Other Sources of Income? Describe.

How much do you currently save? (Savings in work sponsored plans vs. other personal savings on a bi-weekly, monthly, quarterly, or annual basis)

Estate Information

Do you have a Will? When was it updated? Who is your executor?

Do you have an enduring power of attorney? When was this updated? Who holds this POA?

Have guardians been named for your minor children? Who are they?

Do you have an advanced health directive? When was it updated?

Are these documents readily accessible by those who you intend to implement your wishes?

☐ Yes ☐ No

Do these individuals know that they have been named to these roles?

☐ Yes ☐ No

What is the primary objective for your estate? Please choose top 3 in order of importance:

___ Liquidity - providing enough cash at time of death to pay for last expenses

___ Debt elimination - provide sufficient cash to pay off any outstanding liabilities

___ Income Replacement - provide suitable financial resources to allow your family to maintain their standard of living and continue progress towards retirement savings objectives

___ Tax reduction - eliminate or reduce overall taxation of your estate on death

___ Education Funding - for children or grandchildren

___ Business Dispositions - ensure business interests and liabilities are funded

___ Gifting to family

___ Charitable Giving/Philanthropy